

MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

EMPLOYEES' RETIREMENT SYSTEM APPLICATION FOR DISCONTINUED RETIREMENT SERVICE PROGRAM (DRSP) FOR ELIGIBLE MEMBERS OF GROUP F

In accordance with the provisions of Section 33-38A of the Montgomery County Retirement Law, I hereby make application for participation in the Discontinued Retirement Service Program. In making this application, I acknowledge the following:

- ➤ I have been provided with the Summary Plan Document communicating this plan and fully understand the conditions of my participation in this program.
- > I have at least 25 years credited service and am at least age 46 years old.
- ➤ I am submitting this application to Montgomery County Employee Retirement Plans, 15th Floor, EOB at least 60 days and no more than 90 days before the date I am electing to participate, which date is the first of a month.
- ➤ I understand that the maximum participation in the program is three years and that if I elect to stop participating before the end of the 36 month period, I must notify the Montgomery County Retirement Plans and Police Personnel at least 60 days before stopping participation in the program.
- > I understand that at to enter DRSP, I must elect an irrevocable retirement pension payment option that cannot be changed.
- > | understand that | need to contact Fidelity at (800) 343-0860 to select the investment option(s).
- > I understand that if I do not contact Fidelity, Fidelity will assign me a default Freedom Fund based on my age and years until age 62.
- > I understand that, upon entering DRSP, I must elect an irrevocable payment option for the distribution of my DRSP account.
- I understand that my accrued sick leave in excess of 80 hours will be credited toward my monthly benefit while participating in DRSP.
- > | understand that | may withdraw this pending application within two weeks of submitting it.
- > I understand that when my participation in the DRSP ends, I must stop working for the County and receive a pension benefit.

I request that my DRSP participation become effective on, which is at least 60 days and not more than 90 days after the date this application is made.				
Employee Name (Print)	Social Security Number			
Employee Signature	Date			
MCERP Date Received:	Ret Code:	02/13		



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS

DISCONTINUED RETIREMENT SERVICE PROGRAM (DRSP)

AT DRSP ENTRY- DISTRIBUTION PAYMENT OPTION ELECTION FORM FOR ELIGIBLE GROUP F MEMBERS OF THE EMPLOYEES' RETIREMENT SYSTEM OF MONTGOMERY COUNTY

	with Section 33-38A(a)(9) of the following distribution option pr	- · · · · · · · · · · · · · · · · · · ·	· ·	
**************************************	Cash Option – At DRSP exit, you will choose between rollover to an eligible retirement plan, receipt of a lump sum or a combination of the two.			
	OF	R		
	Annuity – At DRSP exit, you will receive an additional lifetime monthly benefit paid from the ERS which will be calculated based on the value of your account balance when you exit DRSP.			
I understand that this election is irrevocable and that I am encouraged to seek the advice of a professional tax advisor or financial consultant. I further understand that my DSRP account must be closed within 60 days of my exiting the program.				
Employee Nan	ne (Print)	SSN		
Employee Sigr	nature	 Date		
MCERP Date Receiv	red:Re	et Code:	02/13	



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS EMPLOYEES' RETIREMENT SYSTEM Application for Potitoment

Application for Retirement

NAME	SSN	
ADDRESS	DATE OF BIRTH	
	EMAIL ADDDECC	
	PHONE NUMBER	
I hereby elect to retire effective form is correct. I elect to receive my benefit i	and certify that the information the option noted below:	indicated on this
BENEFIT PAYMENT OPTIONS: Please refedescription of the options listed below. You can www.montgomerycountymd.gov/retirement or be	obtain the Summary Plan description at	tirement plan for a
☐ Modified Cash Refund Annuity		
Ten Year Certain and Continuous		
☐ Joint and Survivor Annuity	□ 100% □ 70% □ 50% □ 30	% □ 20%
Joint and Survivor Pop-Up Annuity	□ 100% □ 70% □ 50% □ 30	% □ 20%
Social Security Adjustment	□ age 62 □ age 65	
Social Security Adjustment Combined	with Joint and Survivor	
	□ age 62 □ age 65	
	□ 100% □ 70% □ 50% □ 30	% □ 20%
Social Security Adjustment Combined	with Joint and Survivor Pop Up Annuity	
	□ age 62 □ age 65	
	□ 100% □ 70% □ 50% □ 30	% □ 20%
The payment option elected, as well as the deafter the first retirement payment has been maward.		
I elect as my Joint Annuitant (name)	, (SSN)	,
(date of birth)	Proof of Age submitted for Spartner annuitant Proof of Marriage submitted Domestic Partner Affidavit su Social Security Card Proof of Birth Certificate (for	ubmitted
Participant's Signature Date	<u> </u>	
MCERP Date Received:	Ret Code:	04/13